

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF WEST VIRGINIA

Delmar Ray McCallister Jr. 1097532

(Enter above the full name of the plaintiff  
or plaintiffs in this action).

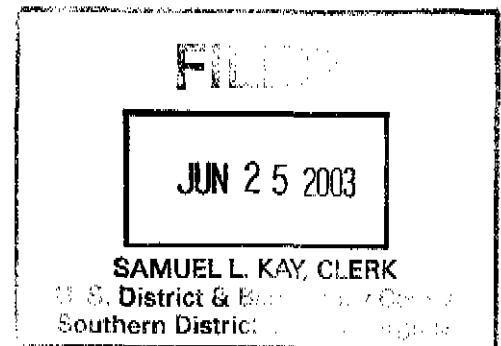
(Inmate Reg.# of each Plaintiff)

VERSUS

CIVIL ACTION NO. 2:03-0591  
(Number to be assigned by Court)

Dawn White  
Medical Administrator

(Enter above the full name of the defendant  
or defendants in this action).



**COMPLAINT**

**I. Previous Lawsuits**

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes \_\_\_\_\_ No X

- B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit

Plaintiffs:

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Defendants:

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2. Court (if federal court, name the district; if state court, name the county):

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3. Docket Number:

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4. Name of judge to whom case was assigned:

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5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

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6. Approximate date of filing lawsuit:

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7. Approximate date of disposition:

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II. Place of Present Confinement: South Central Regional Jail

A. Is there a prisoner grievance procedure in this institution?

Yes X

No \_\_\_\_\_

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes X

No \_\_\_\_\_

C. If your answer is YES:

1. What steps did you take? I filed a grievance and received no response, so I filed a second time,

2. What was the result? No answers to either of the grievance forms. \* The jail's procedure states there is five days to respond. \* Attached forms

D. If your answer is NO, explain why not:

### III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: Delmar Ray McCallister Jr.

Address: 513 Apt #B Glover St., Charleston, WV 25302

B. Additional Plaintiffs and Address: \_\_\_\_\_

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant Dawn White  
is employed as Medical Administrator  
at SCRJ, 1001 Centre Way, Charleston, WV 25309

D. Additional defendants: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheet if necessary).

I was scheduled for surgery April 11<sup>th</sup> 2003,  
by Dr. Gordon, a licensed M.D. at CAMC General  
hospital. I have continuously stressed to the  
medical staff that are under Dawn White's adminis-  
tration the dire need for my surgery, and it's  
past date for removal of my colostomy bag, and  
been subjected to neglect and maltreatment. Please

#### IV. Statement of Claim (continued):

note the attached forms as exhaustion of inmate remedy which is a result of no response. Surgeries are life threatening, and suffering is present in my current condition, which is why I feel it fitting to file a civil-action on the basis that my 8th ammendment right is being violated, by the endangerment through maltreatment. Let the court be aware that Dawn White has shown no intentions to find remedy to the plaintiffs claims and continues to practice neglect.

#### V. RELIEF

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

- First, that the court order a release from custody so I may aquire proper medical treatment and be afforded expedient healing time in release,
- Second, that the court order, Prime Care Medical i.e. Dawn White's employer, pay the plaintiff for his sufferings, both mental anguish, and physical pain in the amount of \$15,000.00,
- Third, that the court order, Dawn White to be

**V. Relief (continued)**

responsible for the reimbursement of funds to the plaintiff, for paper, copies, stamps, pens, etc. in the amount of \$50.00, to the plaintiff

**VII. Counsel**

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

Justin Randolph Stuke

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes \_\_\_\_\_ No X

If so, state the name(s) and address(es) of each lawyer contacted:

If not, state your reasons: I can not afford payments to counsel at this present time

- C. Have you previously had a lawyer representing you in a civil action in this court?

Yes \_\_\_\_\_ No X

If so, state the lawyer's name and address:

\_\_\_\_\_  
\_\_\_\_\_

Signed this 30<sup>th</sup> day of May, 2003.

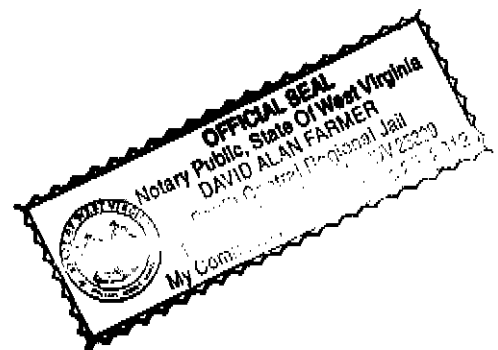
\_\_\_\_\_  
\_\_\_\_\_  
Delmar R McCallister Jr  
Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 5-30-03  
(Date)

Delmar R McCallister Jr  
Signature of Movant/Plaintiff

\_\_\_\_\_  
Signature of Attorney  
(if any)



## WV REGIONAL JAIL &amp; CORRECTIONAL FACILITY AUTHORITY

## INMATE GRIEVANCE

NAME Deton, Al Callender DATE 5-21-03  
 INMATE NUMBER 1047532 POD C SEC 1 ROOM 10  
 TO: Medical Administration

GRIEVANCE: I came under incarceration at the  
South Central Regional Jail April, 6<sup>th</sup> 2003.  
I was designated to a scheduled surgery  
appointed by Dr. Gordon, a licensed M.D.  
Physician, for April, 11<sup>th</sup> 2003. I have  
continuously brought my current condition to your  
staff attention i.e. my cellulitis bag, stressing  
the point of my post-op removal through  
surgery. I have been exposed to the strict  
Prisoner practices on my specific situation.  
You are currently violating my 8<sup>th</sup> Amendment  
right by denying my  
expedient treatment.

INMATE SIGNATURE

## RESPONSE/DISPOSITION

I seek your administration for a remedy?

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

RJCFA-05

*Original*  
*Carbon*  
*Copy*



## WV REGIONAL JAIL &amp; CORRECTIONAL FACILITY AUTHORITY

## INMATE GRIEVANCE

NAME Delmar A. Callender DATE 5-26-03INMATE NUMBER 10975 POD C SEC 7 ROOM 10TO: Davis White Medical Administration

GRIEVANCE: Unfortunately my previous attempts to get  
 remedy to my distress, through inmate grievance  
 procedures resulted in no response or response that  
 was totally the contrary. I suffer as all  
 inmates are treated and persecuted regardless of  
 my current conditions. There still is no  
 sense that I am ever treated as a human being.  
 a life threatening procedure was ever performed  
 to rid my system of cancer and other diseases  
 that threaten about my life. My name was listed for  
 5-26-03 and I am still waiting your administrative authority  
 to rid my system ever??

INMATE SIGNATURE

## RESPONSE/DISPOSITION

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

RJCFA-05

Original  
Carbon  
Copy

Certificate of Service

I, Delmar R. McCallister, pro-se' the plaintiff hereby do certify that the foregoing documents were sealed in an envelope stamped with U.S. Postage, and handed down to the Authority of the South Central Regional Jail to be mailed by 1st Class U.S. Mail, and delivered to the Clerk of District Court, Samuel L. Kay, on this 16 day of June, 2003.

Delmar R. McCallister Jr.  
Delmar R. McCallister Jr.  
#1097532  
1001 Centre Way  
Charleston, W.V.  
25309

Clerk of Court  
Samuel L. Kay  
P.O. Box 3924  
Charleston, W.V.  
25339-3924

Medical Administrator  
Dawn White  
S.C.R.J.  
1001 Centre Way  
Charleston, W.V.  
25309

Taken, subscribed, and sworn to me on this 17th  
day of June, 2003.

My commission expires:

April 11, 2013

A. Paetzold-Kirk  
Notary Public

